



STATE OF MARYLAND

DHMH

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May 23, 2011

Public Health & Emergency Preparedness Bulletin: # 2011:19 Reporting for the week ending 05/14/11 (MMWR Week #19)

CURRENT HOMELAND SECURITY THREAT LEVELS

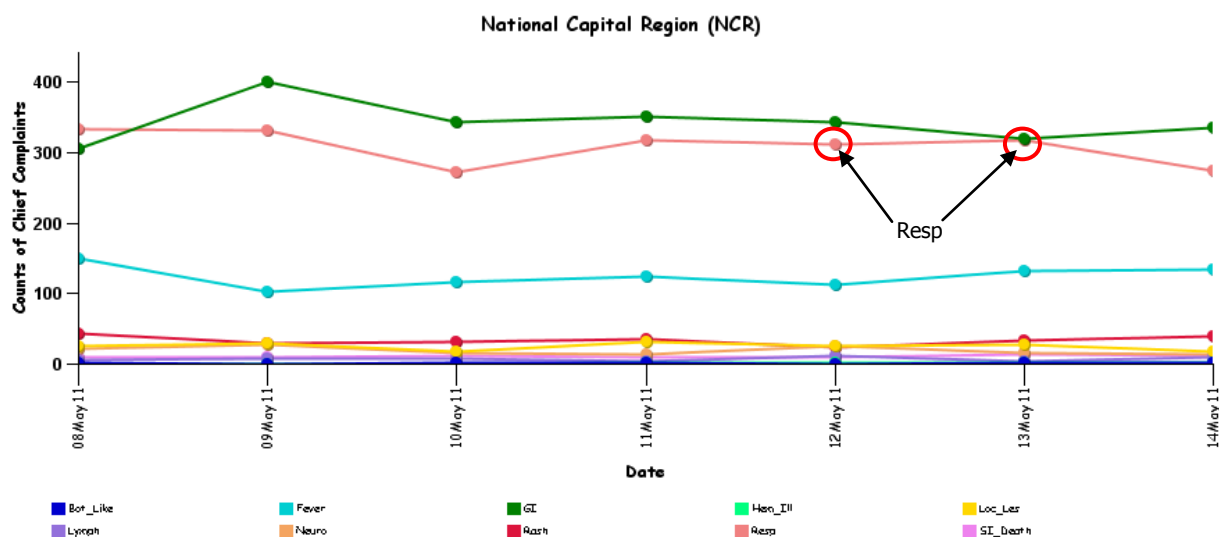
National: No Active Alerts
Maryland: Level One (MEMA status)

SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):

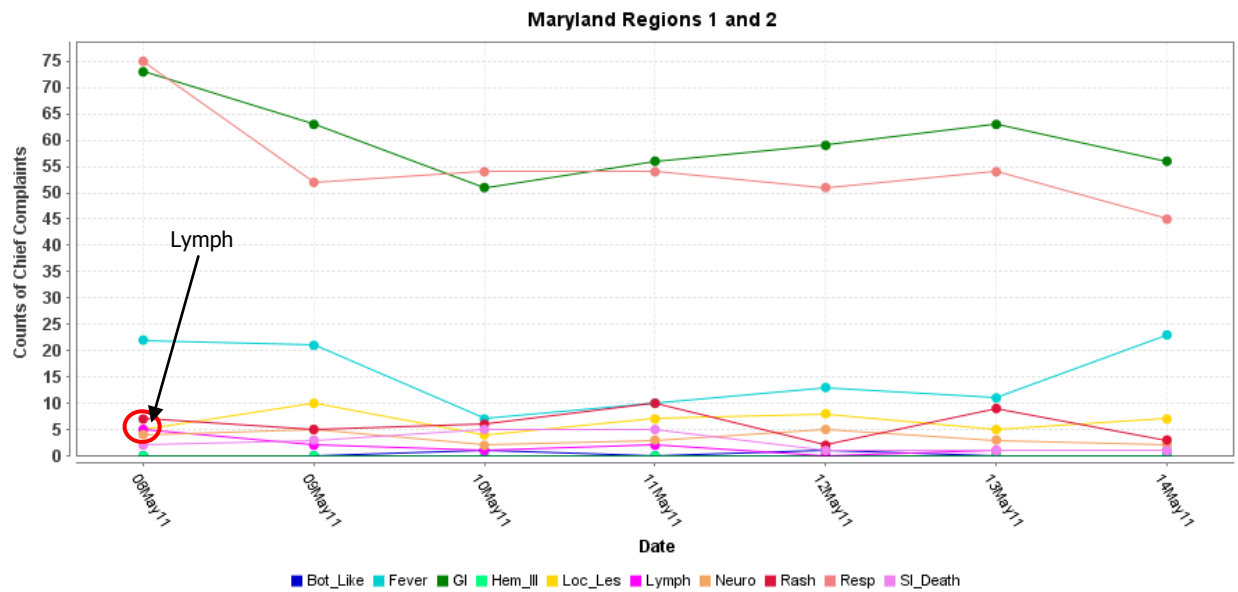
Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Red alerts are generated when observed count for a syndrome exceeds the 99% confidence interval. Note: ESSENCE – ANCR uses syndrome categories consistent with CDC definitions.

Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.

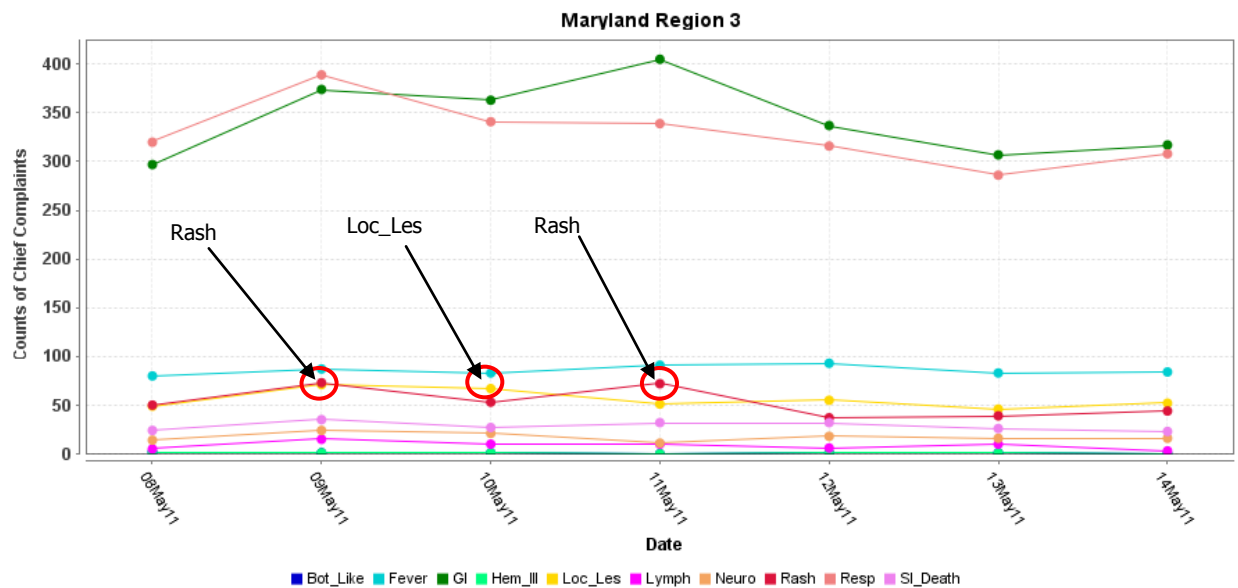


*Includes EDs in all jurisdictions in the NCR (MD, VA, and DC) reporting to ESSENCE

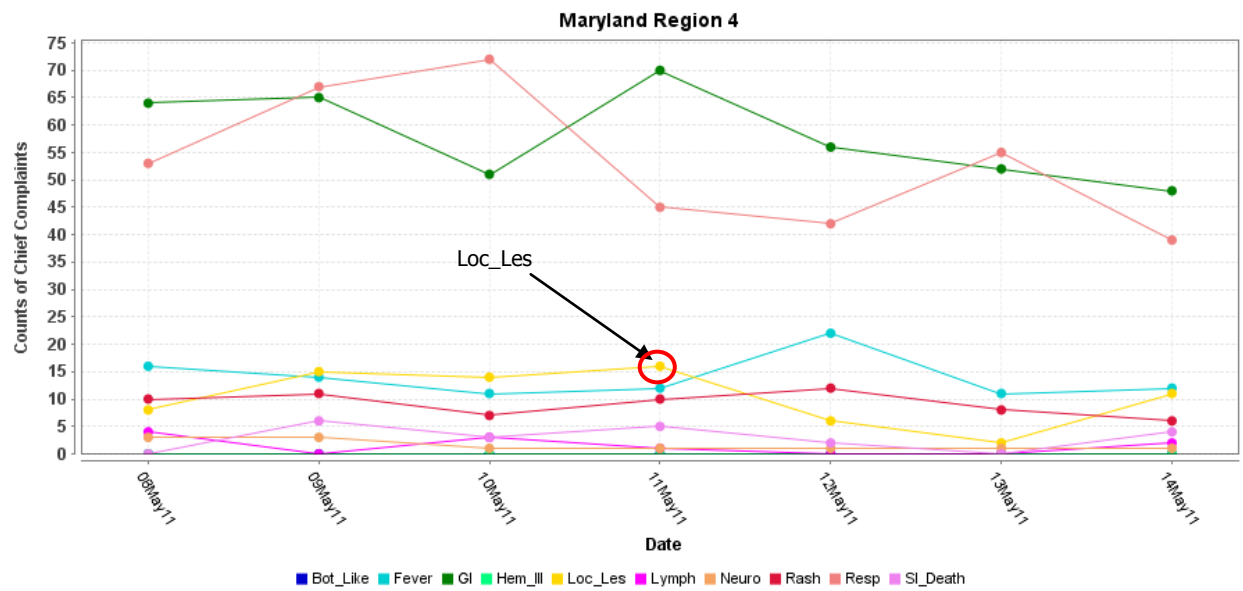
MARYLAND ESSENCE:



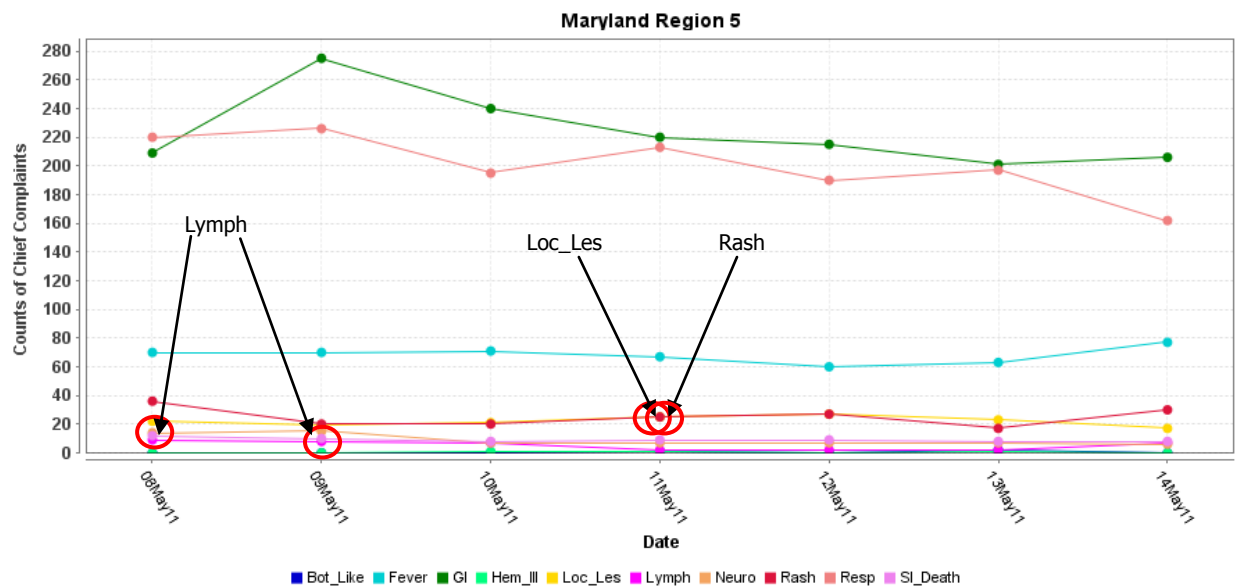
* Region 1 and 2 includes EDs in Allegany, Frederick, Garrett, and Washington counties reporting to ESSENCE



* Region 3 includes EDs in Anne Arundel, Baltimore City, Baltimore, Carroll, Harford, and Howard counties reporting to ESSENCE



* Region 4 includes EDs in Cecil, Dorchester, Kent, Somerset, Talbot, Wicomico, and Worcester counties reporting to ESSENCE

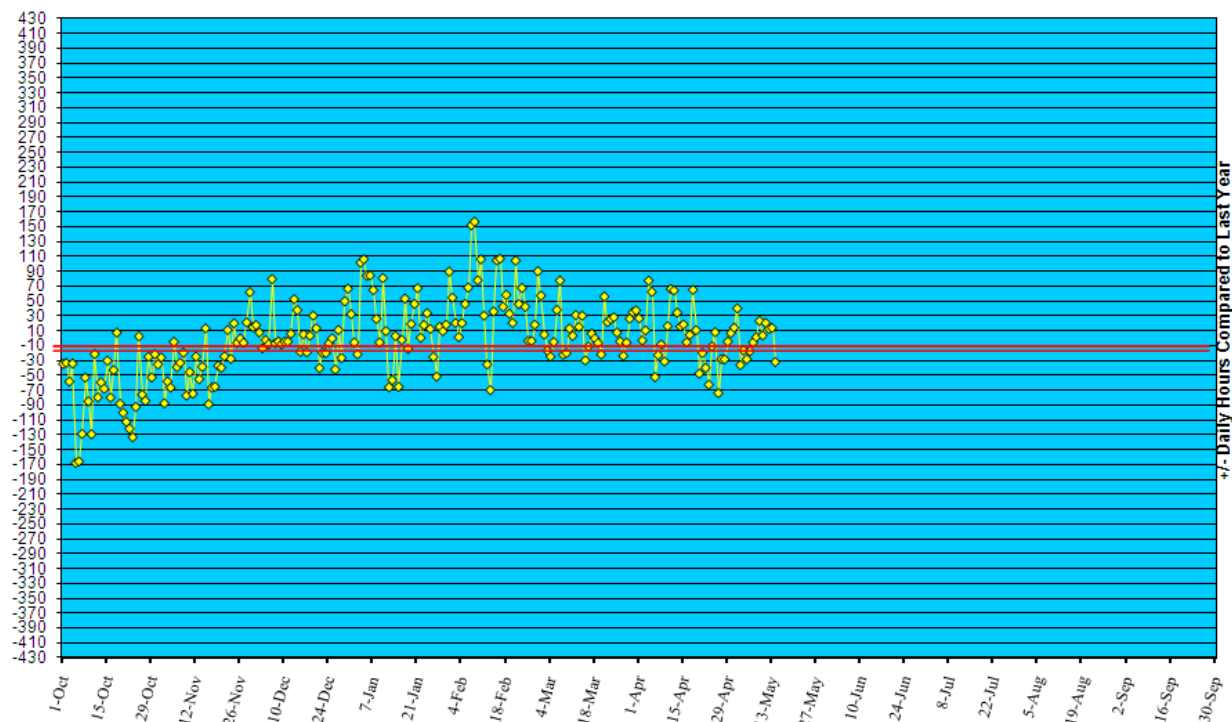


* Region 5 includes EDs in Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties reporting to ESSENCE

REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/10.

Statewide Yellow Alert Comparison Daily Historical Deviations October 1, '10 to May 14, '11



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to an emerging public health threat for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in April 2011 did not identify any cases of possible public health threats.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	<u>Aseptic</u>	<u>Meningococcal</u>
New cases (May 8 – May 14, 2011):	16	0
Prior week (May 1 – May 7, 2011):	11	0
Week#19, 2010 (May 9 – May 15, 2010):	11	0

0 outbreaks were reported to DHMH during MMWR Week 19 (May 8-14, 2011).

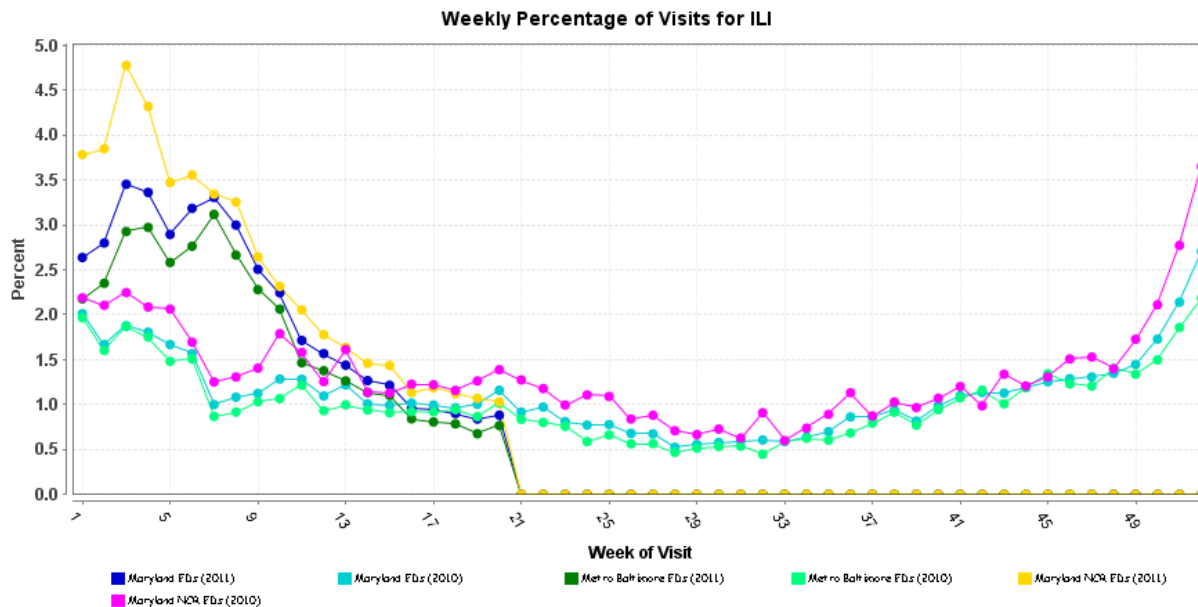
MARYLAND SEASONAL FLU STATUS

Seasonal Influenza reporting occurs October through May. Seasonal influenza activity was SPORADIC for Week 19.

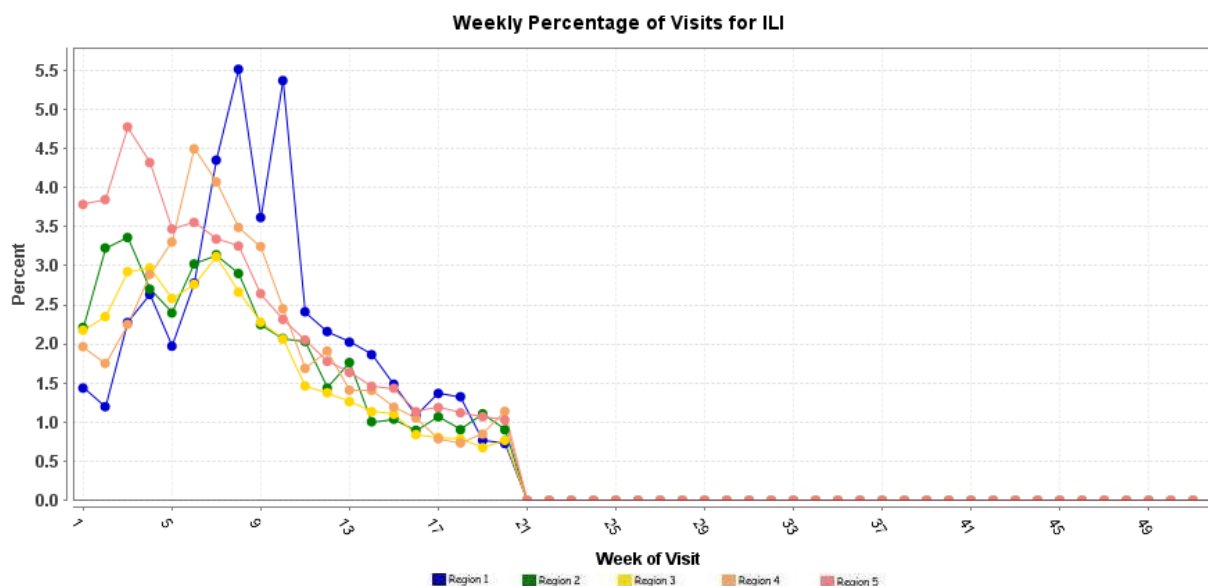
SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS

Graphs show the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. These graphs do not represent confirmed influenza.

Graphs show proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the week.



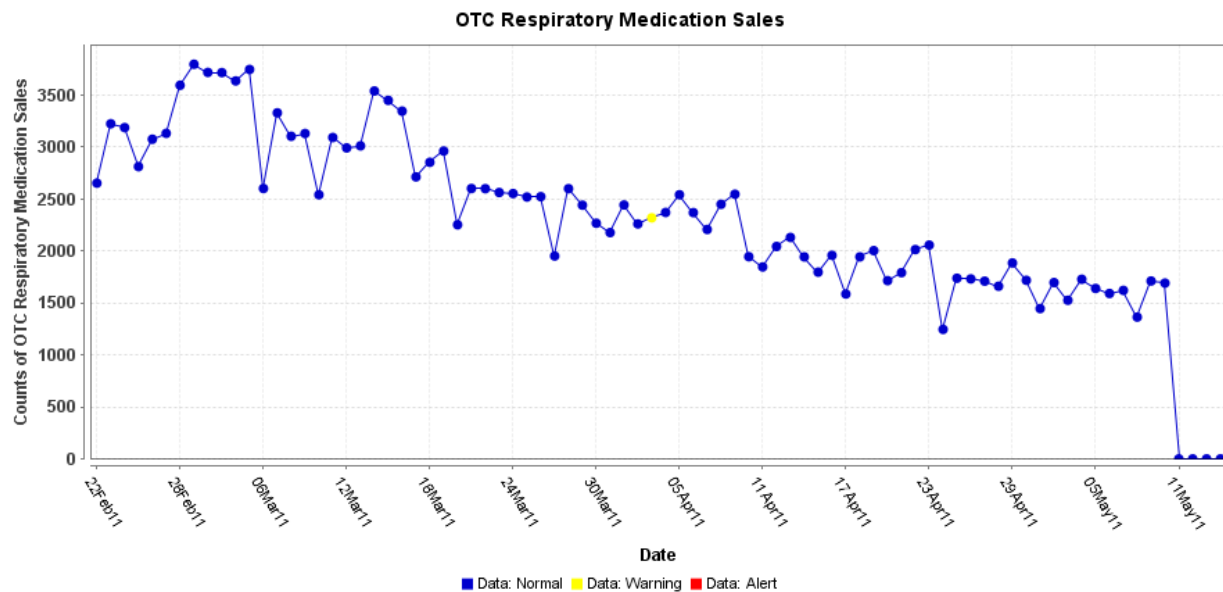
* Includes 2010 and 2011 Maryland ED visits for ILI in Metro Baltimore (Region 3), Maryland NCR (Region 5), and Maryland Total



*Includes 2011 Maryland ED visits for ILI in Region 1, 2, 3, 4, and 5

OVER-THE-COUNTER (OTC) SALES FOR RESPIRATORY MEDICATIONS:

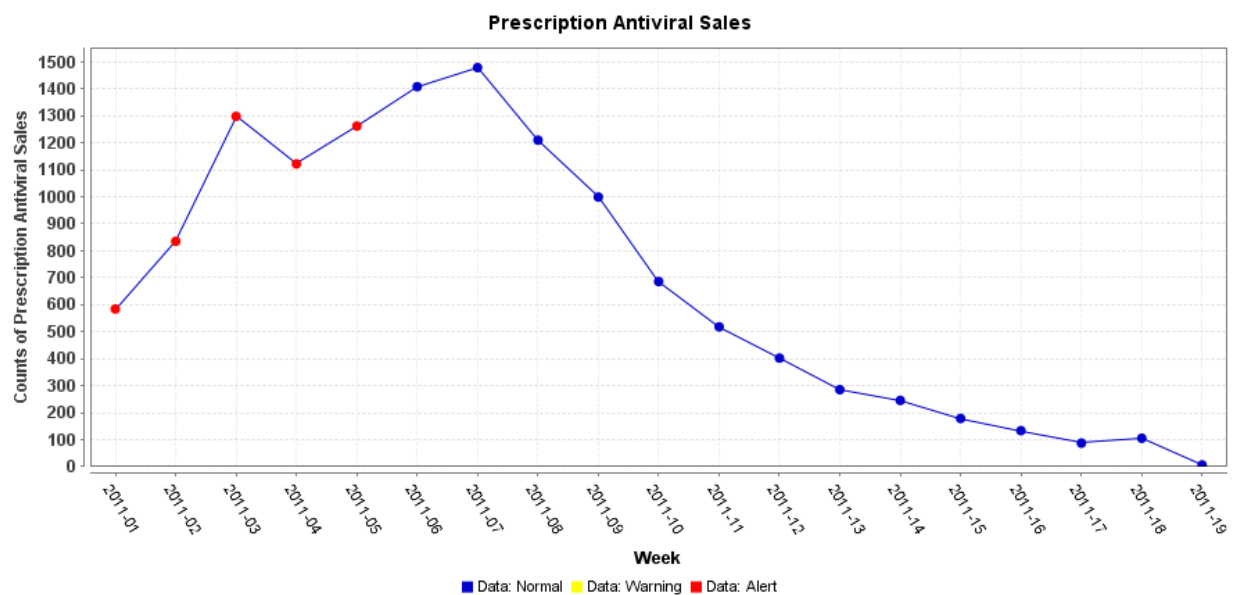
Graph shows the daily number of over-the-counter respiratory medication sales in Maryland at a large pharmacy chain.



Note: There are several days with sales counts of zero. This is due to technical difficulties which have caused data transfer to be temporarily interrupted.

PRESCRIPTION ANTIVIRAL SALES:

Graph shows the weekly number of prescription antiviral sales in Maryland.



Note: There is one week with a sales count of zero. This is due to technical difficulties which have caused data transfer to be temporarily interrupted.

PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is 3. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

In **Phase 3**, an animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic.

As of May 13, 2011, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 553, of which 323 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 58%.

AVIAN INFLUENZA, HUMAN (INDONESIA): 14 May 2011, The Ministry of Health of Indonesia has announced a confirmed case of human infection with avian influenza A(H5N1) virus. The case is an 8-year-old female from West Jakarta district, DKI Jakarta Province. She developed symptoms on 1 Apr 2011, was admitted to a health care facility on 4 Apr 2011 and referred to a hospital on 8 Apr 2011. She died on 11 Apr 2011. Epidemiological investigation identified a possible risk factor as exposure to wild bird feces found around the house. In addition, during the week before the child developed symptoms, her mother purchased chickens from a local market. Laboratory tests have confirmed infection with avian influenza A(H5N1) virus. Of the 177 cases confirmed to date in Indonesia, 146 have been fatal.

NATIONAL DISEASE REPORTS

CHOLERA (FLORIDA): 11 May 2011, As many as 11 people have reported getting sick from eating raw oysters contaminated with cholera bacteria in northern Florida, officials said on Tuesday, 10 May 2011. The oysters came from Apalachicola Bay, near Panama City in northern Florida, about 300 miles (482 kilometers) from New Orleans along the Gulf of Mexico coast, and the FDA issued a warning not to eat them. "There is ongoing, collaborative discussions among all state and federal partners as we look at this new pathogen to analyze the 1st ever outbreak of this unique strain of *Vibrio cholerae*," Florida's Department of Agriculture said in a statement. State officials said 11 cases of illness were reported, while the FDA said 8 of those have so far been confirmed as "caused by toxigenic *Vibrio cholerae* O75... No one was hospitalized or died." The high number of cases is unusual, given that the Centers for Disease Control typically logs 1 to 2 cases per year, an FDA spokesman told AFP. "From 2000-2010, a total of 17 persons with toxigenic *V. cholerae* O75 infection were reported to CDC, the numbers are greatest when the water is warm," spokesman Douglas Karas said in an email. The FDA said the affected oysters were harvested from Area 1642 in Apalachicola Bay between 21 Mar and 6 Apr 2011. The Florida Department of Agriculture said it closed the area to oyster harvesting on 29 Apr 2011 and was investigating the cause of the outbreak. "To date, we have learned of 2 events that may be the cause of the cholera related illnesses. First, there was a dredging operation near the 1642 harvesting area that may have stirred up organisms on the floor of the ocean," it said. "We have also learned there was a sewer break in East Point and we are investigating whether it had any impact on oysters in 1642. The harvesting area will remain closed until our investigation is complete." Area 1642 is home to about 10 percent of the state's oyster harvest, and oysters taken from there are mainly consumed in Florida, Georgia, and Alabama. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

PLAGUE, BUBONIC (NEW MEXICO): 10 May 2011, A 58 year old man in New Mexico was recently treated for bubonic plague, the 1st case of the disease to surface in 2011. Health officials in Santa Fe said the unidentified man spent a week in the hospital after suffering high fever, intense pain in his stomach and groin, and swollen lymph nodes. He was treated and released, but officials would not say when. The results of blood tests released Thu 5 May 2011, confirmed the man had bubonic plague, officials said. Doctors said the man was most likely bitten by a flea carrying the plague bacteria, the most common method of transmission to humans. Ratborne fleas can carry the bacterium, and humans can also catch the disease from contact with infected rodents or animals. "He was probably bitten by a flea somewhere on his left leg," Department of Health veterinarian Paul Ettestad told the Santa Fe New Mexican. Officials wouldn't say where the man lived, but said they would check his home for rats and rodent burrows and alert his neighbors, the paper said. Only about 10 to 15 people in the USA catch the illness each year, typically in western states. It is particularly prevalent in New Mexico because the state has a high population of both rodents and fleas. It can be treated with antibiotics, but 1 in 7 cases is fatal. The last reported outbreaks of plague in New Mexico were in 2009, when 3 people, including an 8 year old in Santa Fe, died. (Plague is listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

INTERNATIONAL DISEASE REPORTS

EBOLA HEMORRHAGIC FEVER (UGANDA): 05 May 2011, Initial test results indicate that a 12-year-old girl died of the deadly Ebola virus in a town about 35km [21.7 miles] north of Kampala, health officials told AFP on Saturday [14 May 2011]. Preliminary testing carried out at the Uganda Virus Research Institute showed on Friday [13 May 2011] that the girl died from the virus on 6 May 2011 at Bombo hospital, said Dr. Miriam Nanyunja, disease prevention and control officer for the World Health Organization in Uganda. "She came into the hospital and died a few hours later," Nanyunja said. "They tested for Ebola and the confirmatory result

came out yesterday [13 May 2011]." Nanyunja said that health officials were currently looking for more cases in the area and planned to set up an isolation unit at Bombo hospital in anticipation of new patients. Ugandan director general of health services Dr. Nathan Mugisha confirmed the preliminary results and said that a task force was meeting on Saturday [14 May 2011] to work out how to deal with any potential outbreak. "So far it is only preliminary test results and there is a meeting in progress," Mugisha told AFP. The rare haemorrhagic disease, named after a small river in neighboring Democratic Republic of Congo, killed 37 people in western Uganda in 2007 and claimed the lives of at least 170 people in the north of the country in 2000. (Viral Hemorrhagic Fever is listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

HANTAVIRUS (CHILE): 09 May 2011, A new hantavirus victim has been discovered after the SEREMI [Secretaria Regional Ministerial de Salud; Regional Ministerial Secretariat of Health] confirmed the death of a woman from the Pucon community, who was rapid test positive in the Temuco Regional Hospital. The woman [current case], 35 years of age, died this morning [6 May 2011] in the Hernan Henriquez Hospital in Temuco where she was admitted in a serious condition, having been transported from the Pucon community. Gloria Rodriguez, the SEREMI, confirmed the death of the woman from a rural zone in the lake area, as a possible hantavirus infection after carrying out a rapid test that was positive. This signals the 4th hantavirus death in the Araucania region in 2011, the other 3 cases in the Cunco community. The woman left 3 children, including an infant of 5 months. In any event, the results of tests by the Public Health Institute are awaited to confirm, or not, that this was an infection by [a] hantavirus. (Hantavirus is listed in Category C on the CDC List of Critical Biological Agents) *Non-suspect case

HANTAVIRUS (CHILE): 09 May 2011, A new case of [a] hantavirus [infection] was detected this Thursday [5 May 2011] in a 37 year old man who is admitted in good condition to the Valdivia Hospital Base in the Los Rios region. According to the electronic publication El Navegable, the man contracted the disease [virus] while collecting mushrooms in the Los Lagos community. It is worth noting that this is the 6th hanta[virus infection] in the region during the year [2011], with the other cases in Corral port, resulting in the deaths of 2 people. (Hantavirus is listed in Category C on the CDC List of Critical Biological Agents) *Non-suspect case

HANTAVIRUS (ARGENTINA): 09 May 2011, A young man died as a result of a hantavirus [infection] in the El Cholar locale, located in the Norquin department [Neuquen province], 60 km [37 mi] from Chos Malal. The case is a worker in the Ente Provincial de Energia del Neuquen, who carried out tasks in this city. Health Zone III reported that he died 19 days ago. After his death, samples were sent to the Instituto Malbran located in Buenos Aires city where they were tested and, finally, results were sent north to Neuquen. According to the explanation, the man was affected [infected] by [a] hantavirus. After becoming aware of this situation, all precautions were implemented by the health sector to "continuously monitor" the family of the deceased by this virus. Also, Health Zone III recommended that the entire population, especially in rural areas, take extra measures to prevent infection by hantavirus[es]. "We are still in the transmission season for this disease [virus], so we request that the population, before entering a place [building] that has been closed for a long time first ventilate it for a half hour, cover the nose and mouth with a damp cloth, sprinkle the earthen floors with water with bleach, and avoid the presence of rodents near the house, maintaining yards clean where [one can] avoid the rodents," Health Zone III reported. Of all the rodents, only one species -- the long-tailed [pygmy] rat [Oligoryzomys longicaudatus] transmits the [Andes] hantavirus. Just 5 per cent of the [rodent] population is infected by the virus. (Hantavirus is listed in Category C on the CDC List of Critical Biological Agents) *Non-suspect case

HANTAVIRUS (PANAMA): 09 May 2011, Health authorities confirmed the 2nd case of [a] hantavirus infection in the Azuero region this Thu 5 Apr [2011]. The individual was a young woman of 20 years, resident of the El Cacao de Tonosi in Los Santos [province] and is interned in the intensive care unit of the Pablo Franco Sayas Hospital in Las Tablas, and her condition is stable. This past Mon 11 Apr [2011], the Ministry of Health (MINSA) confirmed the death of a man of about 30 years of age, from [a] hantavirus [infection] in Veraguas province, becoming the 1st fatal victim taken by this disease in 2011 [in Panama]. MINSA, through its office of health promotion, made a call to the Panama population to follow the recommendations and control measures to reduce the risk and avoid hantavirus infection. The office gives recommendations to avoid infection and [resulting] disease by maintaining weeds and grass cut short, keeping garbage in covered receptacles, ventilating places closed for a long time for 30 min before entering, among others. Official data specify that in Panama between 1991 and 2010 more than 104 cases and at least 29 deaths have been registered. (Hantavirus is listed in Category C on the CDC List of Critical Biological Agents) *Non-suspect case

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.dhmh.maryland.gov/>

Maryland's Resident Influenza Tracking System: <http://dhmh.maryland.gov/flusurvey>

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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